

YOU ARE IMPORTANT TO ST. BENEDICT PARISH NEW PARISHIONER REGISTRATION FORM

Last Name _____ Address _____ Zip _____

Home Phone _____ unlisted? YES NO Cell Phone _____

Email Address _____ Spouse Maiden Name _____

First Name	Sex M/F	DoB	Baptism Date/Place	1 st Eucharist Date/Place	Confirmation Date/Place
1					
2					
3					
4					
5					
6					
7					
Others living in the home:					

What attracts you to St. Benedict? _____

Date Completed ___/___/___

By _____

Envelope # _____

ALL INFORMATION CONFIDENTIAL

See Next Page

Parishioner Place of Work

Name: _____ Place of employment _____ Phone _____

Name: _____ Place of employment _____ Phone _____

If a family member is of another religious denomination, please indicate:

Name: _____ Denomination _____

Children in School & Grade

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Marital Status: Married
(circle one) Single
Separated
Widow
Widower
Divorced

Church Marriage? YES NO

Date: _____

Church: _____

City/State: _____

Return completed form to:
St. Benedict Parish Office
111 S. 9th St.
Terre Haute, IN 47807

Questions?
812-232-8421